



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

November 20, 2015

Ms. Margaret Rocque, Manager
Heaton Woods
10 Heaton Street
Montpelier, VT 05602-2480

Dear Ms. Rocque:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 7, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0297	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/07/2015
NAME OF PROVIDER OR SUPPLIER HEATON WOODS		STREET ADDRESS, CITY, STATE, ZIP CODE 10 HEATON STREET MONTPELIER, VT 05602		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced, on-site investigation of 1 complaint and 1 facility self reported event was conducted by the Division of Licensing and Protection on 10/07/2015. The following regulatory issues were identified:	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on medical record reviews and staff interviews on 10/07/2015, the residence failed to have in place a plan of care for 1 of 2 residents, describing the care and services necessary to assist Resident # 1 to maintain independence and well-being based on the most recent assessment. The specifics are detailed below: Per record review, the care plan of Resident # 1 does not reflect the cuing put in place for staff to follow after a resident to resident altercation in April 2015; nor does the care plan reflect the fact that Resident # 1 is currently assessed to use his/her own inhaler daily. This is confirmed by the DNS (Director of Nursing Services) during interview on 10/07/2015 at 3:00 PM. The DNS further reports that Resident # 1 would often refuse to take her/his inhaler when it was	R145	Care plans will be updated to reflect the need for oversight and cuing for residents who have demonstrated interactions with other residents that result in negative outcomes such as physical engagement, verbal outbursts and the like. ongoing review of charts including care plans by DGN and assignment of care plan updates will be given to specific nurse on staff	10/28/15

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Elin M. [Signature]
11/19/15

6889

DQTQ11

TITLE
ongoing review of charts including care plans by DGN and assignment of care plan updates will be given to specific nurse on staff

(X6) DATE
10/19/15

If continuation sheet 1 of 3

R145 + R220 POC's accepted 11/19/15 G Coleman RN/PMC

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R145	Continued From page 1 administered by the nurse passing medications. Resident # 1 asked to be able to take the the inhaler independently and be monitored by the staff that this was happening. The care plan does not direct staff to allow the independent use of this inhaler. The MAR (Medication Administration Record) indicates the independent use. Per staff interview during the day, the DNS reports that, Resident # 1 is not to be in the presence of Resident # 2 and that staff are to redirect him/her away from potential altercations. Resident # 1 is assessed to be independent with ambulation, personal care and transfers. S/he is not always in view of staff and does come and go independently. There have been no further episodes between these 2 residents.	R145	Care plans will reflect trials as well as ongoing independent use of medications. Orders will be received for residents nursing staff determine if capable of administration of some or all medications. Care plans and MARs will match MD orders and will be reviewed by the DON and nursing staff monthly	by 10/8/15
R220 SS=C	VI. RESIDENTS' RIGHTS 6.7 A resident may complain or voice a grievance without interference, coercion or reprisal. Each home shall establish a written grievance procedure for resolving residents' concerns or complaints that is explained to residents at the time of admission. The grievance procedure shall include at a minimum, time frames, a process for responding to residents in writing, and a method by which each resident filing a complaint will be made aware of the Office of the Long Term Care Ombudsman and Vermont Protection and Advocacy as an alternative or in addition to the home's grievance mechanism. This REQUIREMENT is not met as evidenced by: Based on staff and resident interviews and a	R220	Grievance policy will be updated and reviewed on at least annually basis, or as needed for changes required by oversight agencies. Administrator will review annually or as needed. Bi-weekly administrative meetings will reviewing require changes in policies and/or procedures	by 10/10/15

E/En Myer RW
11/19/15

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R220	Continued From page 2 review of the home's grievance policy, the residence failed to establish a written grievance procedure for solving residents' concerns or complaints that contains, minimally, time frames and a process for responding to residents in writing. The specifics are as follows: Per review of the community care home's grievance policy, residents are directed to bring complaints, grievances and concerns to the attention of the home's administration. The policy does not contain time frames that the home will use to respond to the residents with outcomes or resolutions. During interview with Resident # 1 at 1:30 PM, s/he stated that a grievance was filed in April 2015 and that s/he has not seen any response in writing or received a verbal response from the home about the concern. S/he reports during interview at 1:30 PM that resident concerns are discussed at monthly resident council meetings. This is confirmed during interview with the Director of the home in the afternoon.	R220	<i>All residents will be advised to their right to grieve and the procedure for doing so, Heaton Woods staff will respond to all grievances within the required and specified time frame.</i>	

John Meyer RN
11/19/15